**Positive Behavior Intervention & Support Future Training Form**

**Request for funding for school year**

Please complete the items below indicating how many school teams you will train during the upcoming school year. If you are planning to train with one or more other trainers, **only** one of you should complete the team numbers. It is important that you provide a realistic and accurate count, since additional funds will be provided to your LEA to cover the expenses. You may want to work with your PBIS LEA/Regional Coordinator to determine which LEA should request funds for training which new LEAs. **Forms with original signatures should be returned to Dywanda Pettaway (postmarked) on or before May 1.**

Name

LEA

I plan to train PBIS teams, with or without another trainer, during the upcoming

School year. My LEA should receive funds to support the following PBIS Module training(s):

|  |  |  |  |
| --- | --- | --- | --- |
| Number of School Teams | Module 1 | Module 2 | Module 3 |
| In my LEA |  |  |  |
| Outside of my LEA |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of Training | Number of Contact Hours | Is training designed for teams or individuals? | How many (teams or individuals)? | Target Audience |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

If you have identified PBIS training needs other than the Module trainings, please list the following information about other PBIS trainings you are planning for the upcoming school year. **For each training listed below, please attach an outline of the training content.**

Signature of PBIS Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of EC Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_